

**Western Michigan University
School of Social Work
Office of Field Education**

Agency Profile

Agency Name	
Program Name (if different)	
Address	
Contact person	
Phone for contact person	
Email for contact person	
Potential field instructor(s)	
Agency's Website	www.
Population Served	Children _____ Adolescents _____ Young Adults _____ Mid-life Adults _____ Elderly _____ Individuals _____ Couples _____ Families _____ Groups _____ Communities _____ Organizations _____ Men _____ Women _____ No Preference _____
Available Public Transportation	Yes No
Office Space Available	Yes No
Year of Placement	BSW _____ 1 st year MSW _____ 2 nd year MSW _____ Interpersonal Practice _____ Policy, Planning, Administration _____

Fields of Practice	Abuse and Neglect _____ Adoption _____ Advocacy _____ Aging _____ ADIS/HIV _____ Alcohol/Chemical Dependency _____ Alzheimer's/Dementia _____ Child Welfare _____ Community Development/Organizing _____ Corrections/Criminal Justice _____ Crisis Intervention _____ Death and Dying _____ Developmental Disabilities _____ Domestic Violence _____ Employment/Unemployment _____ Family Relationships/Treatment _____ Foster Care _____ Gay and Lesbian Issues _____ Health Care _____ Homelessness/Housing _____ Hospice _____ Infant Mental Health _____ Immigration/Refugee Issues _____ Juvenile Delinquency _____ Learning Disorders _____ Legislative Issues _____ Maternal and Infant Health _____ Mental Health/Illness/Dual Diagnosis _____ Oppression and Injustice _____ Parenting _____ Parole/Probation _____ Physical Disabilities _____ Poverty _____ Protective Services _____ Psychiatric Disorders _____ Public Welfare _____ School Social Work _____ Social Justice _____ Suicide Prevention _____ Teen Pregnancy/Parenting _____ Victims of Crime/Violence _____
Agency Mission Statement	

Program Description	
Services Offered	
Description of Students' Assignments	
Special Requirements or Other Notes	
Hours available for student's placement	Weekday business hours — Weekday evenings — Weekends —
Is your placement setting wheelchair accessible?	Yes No

Level of supervision	<p>Please identify a numerical rating for the amount of independent activities that the student will be required to perform on a 1 to 10 scale (please circle one):</p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>1= Student will receive constant supervision 10 = Student will be expected to do most tasks without direct supervision</p>
Are you willing to take a BSW student beginning in January of 2008 for spring and summer I semesters?	<p>Yes No</p> <p>How many BSW students could you take for spring/summer 2008? _____</p>